

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>98</u>	Intermediate/DD	<u>98</u>	<u>35,770</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>98</u>	TOTALS	<u>98</u>	<u>35,770</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>32,812</u>			<u>32,812</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>32,812</u>			<u>32,812</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.73%

D. How many bed-hold days during this year were paid by the Department? 656 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 10/01/1971

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 06/30/2009 Fiscal Year: 06/30/2009

* All facilities other than governmental must report on the accrual basis.



STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending:

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF
		Salary/Wage	Supplies	Other	Total					
	A. General Services	1	2	3	4	5	6	7	8	9
1	Dietary	286,496	16,811	6,887	310,194	#VALUE!	#VALUE!		#VALUE!	
2	Food Purchase		181,752		181,752		181,752		181,752	
3	Housekeeping	100,972	4,915		105,887		105,887		105,887	
4	Laundry	156,617	16,123		172,740	#VALUE!	#VALUE!		#VALUE!	
5	Heat and Other Utilities			86,050	86,050		86,050		86,050	
6	Maintenance	92,225	22,886	47,251	162,362	#VALUE!	#VALUE!	(20,735)	#VALUE!	
7	Other (specify):*									
8	TOTAL General Services	636,310	242,487	140,188	1,018,985	#VALUE!	#VALUE!	(20,735)	#VALUE!	
	B. Health Care and Programs									
9	Medical Director									
10	Nursing and Medical Records	1,129,299	178,753	109,788	1,417,840	#VALUE!	#VALUE!	(11,171)	#VALUE!	
10a	Therapy	1,789,985	6,285	210,550	2,006,820	#VALUE!	#VALUE!		#VALUE!	
11	Activities	365,299	18,018		383,317	#VALUE!	#VALUE!		#VALUE!	
12	Social Services	325,264	4,035	13,592	342,891	#VALUE!	#VALUE!		#VALUE!	
13	CNA Training		3,482		3,482	#VALUE!	#VALUE!		#VALUE!	
14	Program Transportation		47,375		47,375		47,375	(3,632)	43,743	
15	Other (specify):*	88,441	2,232		90,673	#VALUE!	#VALUE!		#VALUE!	
16	TOTAL Health Care and Programs	3,698,288	260,180	333,930	4,292,398	#VALUE!	#VALUE!	(14,803)	#VALUE!	
	C. General Administration									
17	Administrative	135,650			135,650	#VALUE!	#VALUE!		#VALUE!	
18	Directors Fees									
19	Professional Services			118,118	118,118		118,118		118,118	
20	Dues, Fees, Subscriptions & Promotions			25,896	25,896		25,896	(8,172)	17,724	
21	Clerical & General Office Expenses	101,740	68,552		170,292	#VALUE!	#VALUE!		#VALUE!	
22	Employee Benefits & Payroll Taxes			873,878	873,878	2,482	876,360	(16,904)	859,456	
23	Inservice Training & Education			11,166	11,166		11,166		11,166	
24	Travel and Seminar			6,842	6,842		6,842	(3,876)	2,966	
25	Other Admin. Staff Transportation									
26	Insurance-Prop.Liab.Malpractice			53,712	53,712		53,712	(9,150)	44,562	
27	Other (specify):*			25,888	25,888	#VALUE!	#VALUE!	(850)	#VALUE!	
28	TOTAL General Administration	237,390	68,552	1,115,500	1,421,442	#VALUE!	#VALUE!	(38,952)	#VALUE!	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,571,988	571,219	1,589,618	6,732,825	#VALUE!	#VALUE!	(74,490)	#VALUE!	

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

USE ONLY	
10	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	10a
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29

STATE OF ILLINOIS

Facility Name & ID Number

Apostolic Christian Timber Ridge

#0016220

Report Period Beginning:

07/01/2008

Ending:

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF 9
		Salary/Wage 1	Supplies 2	Other 3	Total 4					
	D. Ownership									
30	Depreciation			228,664	228,664		228,664	#VALUE!	#VALUE!	
31	Amortization of Pre-Op. & Org.									
32	Interest									
33	Real Estate Taxes									
34	Rent-Facility & Grounds									
35	Rent-Equipment & Vehicles			1,954	1,954	(1,170)	784		784	
36	Other (specify):* Asset Management Fees			59,423	59,423		59,423	(59,423)		
37	TOTAL Ownership			290,041	290,041	(1,170)	288,871	#VALUE!	#VALUE!	
	Ancillary Expense									
	E. Special Cost Centers									
38	Medically Necessary Transportation									
39	Ancillary Service Centers					14,475	14,475		14,475	
40	Barber and Beauty Shops									
41	Coffee and Gift Shops									
42	Provider Participation Fee			258,288	258,288		258,288		258,288	
43	Other (specify):*			4,520	4,520		4,520		4,520	
44	TOTAL Special Cost Centers			262,808	262,808	14,475	277,283		277,283	
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,571,988	571,219	2,142,467	7,285,674	#VALUE!	#VALUE!	#VALUE!	#VALUE!	

#VALUE!

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

USE ONLY	
10	
	30
	31
	32
	33
	34
	35
	36
	37
	38
	39
	40
	41
	42
	43
	44
	45

FOR LINES 1 THRU 28 AND 31 THRU 33, ENTER ONLY ONE LINE REFERENCE PER ROW. IF SIMILAR ADJUSTMENTS ARE MADE TO MORE THAN ONE LINE, ENTER THE ADDITIONAL ADJUSTMENTS ON LINES 29 OR 35 OF THIS SCHEDULE AND DETAIL THEM ON PAGE 5A.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$ (20,735)	6	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(59,423)	36		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(850)	27		20
21	Owner or Key-Man Insurance	(9,150)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(8,172)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	#VALUE!			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ #VALUE!		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ #VALUE!		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44						44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY

48		49		50		51		52	
----	--	----	--	----	--	----	--	----	--

The amounts in column F will transfer to the Adj. Summary column automatically.
 The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS

Apostolic Christian Timber Ridge

ID# 0016220
 Report Period Beginning: 07/01/2008
 Ending: 06/30/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Offset day draining transportation income	\$ (11,171)	10	1
2	Offset day draining transportation income	(3,632)	14	2
3	Out-of-state Travel (Administrative Staff)	0		3
4	Depreciation of non-care vehicles	#VALUE!	30	4
5	Offset medically necessary transportation income	0	38	5
6	Benefits allocated to day programming	(16,904)	22	6
7	Out-of-state Travel (In-service Training & Education)	(490)	24	7
8	Out-of-state Travel (Board of Directors)	(3,386)	24	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48

49	Total	#VALUE!	49
----	--------------	---------	----

Summary A
06/30/2009

SUMMARY	
TOTALS	
(to Sch V, col.7)	
0	1
0	2
0	3
0	4
0	5
(20,735)	6
0	7
(20,735)	8
0	9
(11,171)	10
0	10a
0	11
0	12
0	13
(3,632)	14
0	15
(14,803)	16
0	17
0	18
0	19
(8,172)	20
0	21
(16,904)	22
0	23
(3,876)	24
0	25
(9,150)	26
(850)	27
(38,952)	28
(74,490)	29

**SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.**

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: _____

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE									
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I
30	Depreciation	#VALUE!	0	0	0	0	0	0	0	0	0	0
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0
32	Interest	0	0	0	0	0	0	0	0	0	0	0
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0
36	Other (specify):*	(59,423)	0	0	0	0	0	0	0	0	0	0
37	TOTAL Ownership	#VALUE!	0	0	0	0	0	0	0	0	0	0
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	#VALUE!	0	0	0	0	0	0	0	0	0	0

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 4.

Summary B
06/30/2009

SUMMARY	
TOTALS	
(to Sch V, col.7)	
#VALUE!	30
0	31
0	32
0	33
0	34
0	35
(59,423)	36
#VALUE!	37
0	38
0	39
0	40
0	41
0	42
0	43
0	44
#VALUE!	45

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Apostolic Christian Home for the Handicapped, Inc.	100%	Oakwood Estate	Morton	Community	Morton	Residential
		Linden Estate	Morton	Residential Services		Services for the Developmentally Disabled

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending:

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**	
						Hours	Percent	Description	Amount
1	Virgil Metzger	Director	Director	0.00	121	0.5		Travel	\$ 362
2	Roger Aberle	Director	Director	0.00	594	0.5		Travel	1,784
3	Dan Schumacher	Chairman	Director	0.00		0.5			
4	Dennis Mott	Director	Director	0.00	62	0.5		Travel	187
5	Ron Hodel	Director	Director	0.00		0.5			
6	Roger Beutel	Director	Director	0.00		0.5			
7	Keith Pflum	Sec/ Treasurer	Director	0.00	254	0.5		Travel	760
8	Cleve Klopfenstein	Director	Director	0.00		0.5			
9	Stan Virkler	Vice-Chairman	Director	0.00	204	0.5		Travel	613
10	Warren Zahner	Director	Director	0.00	268	0.5		Travel	802
11									
12									
13								TOTAL	\$ 4,508

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing th of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPO

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

8	
Schedule V. Line & Column Reference	
	1
line 24; col.3	2
	3
line 24; col.3	4
	5
	6
	7
	8
line 24; col.3	9
line 24; col.3	10
	11
	12
	13

ie name(s)

IRTS

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: 6/30/2009

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							\$	\$			\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)
 ** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.	\$
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$
3. Under or (over) accrual (line 2 minus line 1).	\$
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)	\$
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2004	8
	2005	9
	2006	10
	2007	11
	2008	12

	FOR BHF USE ONLY
13	FROM R. E. TAX STATEMENT FOR 2008 \$
14	PLUS APPEAL COST FROM LINE 5 \$
15	LESS REFUND FROM LINE 6 \$
16	AMOUNT TO USE FOR RATE CALCULATION \$

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

—

1
2
3
4
5
6
7
13
14
15
16

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2008 Ending:

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,135 B. General Construction Type: Exterior Brick Frame Fireproof Building Number of Stories _____

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Oakwood Estate (IDPA #0033712) is located adjacent to this property.

Type of business: Nursing Home (ICF/DD-16)

Square footage: Land - 91,781 sq ft; Building - 7,140 sq ft

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>1,345,699</u>	<u>1969</u>	<u>\$ 54,397</u>	1
2					2
3	TOTALS	<u>1,345,699</u>		<u>\$ 54,397</u>	3

1

ted

tely

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: 06/30/2009

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	16			#VALUE!	\$ #VALUE!	\$ #VALUE!	#VALUE!	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		3--Original Storage Building		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	9
10		4--Second Floor Storage		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	10
11		5--Balcony Storage		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	11
12		6--Tub & Water Heater		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	12
13		19--New Addition Phase 2		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	13
14		7--Additional Storage Building Phase 1		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	14
15		21--Activity Room/ TVs		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	15
16		8--Additional Storage Building Phase 2		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	16
17		22--Front Entrance		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	17
18		9--Electrical Upgrade		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	18
19		23--Security System & Energy Saver		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	19
20		24--Courtyard Foyer		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	20
21		10--Garage Extension		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	21
22		25--Nursing Foyer		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	22
23		26--Upkeep (Windows,Furnace,Fixtures)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	23
24		27--North End & East Wing		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	24
25		1--3 stall garage		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	25
26		28--1988 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	26
27		29--1989 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	27
28		30--1990 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	28
29		31--1991 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	29
30		32--1992 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	30
31		33--1994 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	31
32		34--1995 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	32
33		35--1996 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	33
34		36--1997 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	34
35		2--Garage Door for Van		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	35
36		37--1998 Additions		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2008

Ending:

06/30/2009

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	38--1999 Additions	#VALUE!	\$ #VALUE!	\$ #VALUE!	#####	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	37
38	39--Air Conditioner	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	38
39	40--Heat Pump	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	39
40	41--Automatic Rear Door	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	40
41	42--Power Panels/Generator	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	41
42	43--Office Window to Lobby	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	42
43	44--Exhaust Fan in Womens N Bathroom	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	43
44	45--Dining Room Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	44
45	46--Fire Alarm Relay	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	45
46	47--Remodel Bathrooms	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	46
47	48--Water Coolers at both ends	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	47
48	49--Roof Repairs	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	48
49	471--Garage Lights	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	49
50	472--OT/PT Decorating	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	50
51	473--Slab Jacking	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	51
52	474--Roof Replacement	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	52
53	475--Roof Replacement	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	53
54	476--Lobby Carpet and Redecorating	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	54
55	477--Dining Room Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	55
56	478--Additional QMRP office (by activities)	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	56
57	479--Pipe Insulation	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	57
58	480--North Resident Renovation	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	58
59	481--Activity Room Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	59
60	482--Sourth Whirlpool Room	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	60
61	483--Hand Rails	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	61
62	484--South Living Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	62
63	537--Garage Door	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	63
64	538--Key pad entry for south end	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	64
65	540--Water heater plumbing	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	65
66	541--Water heaters	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	66
67	542--Lighting - small office in lobby	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	67
68	545--Air conditioner - south living room	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	68
69	575--Roof on large garage	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	69
70	TOTAL (lines 4 thru 69)		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2008 Ending: 06/30/2009**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	1
2	576--Garage door on small garage	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	2
3	613--Plumb and insulate water lines	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	3
4	614--Flooring for Corridors	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	4
5	616--Air Conditioner	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	5
6	617--Courtyard Carpet	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	6
7	618--Heat Pump & Blower	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	7
8	619--Electrical for Fuel tanks	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	8
9	620--Heat pump	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	9
10	621--Foot valve for Hopper	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	10
11	622--Bathroom partitions	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	11
12	623--Air conditioner south wing	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	12
13	276--Fully Depreciated Assets	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	13
14	277--Gravel Driveway	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	14
15	278--Gravel Driveway	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	15
16	279--Chain Link Fence	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	16
17	280--Road Prep for New addition	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	17
18	281--Bar-B-Que Pit	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	18
19	282--Electric & Water to Picnic Area	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	19
20	283--Chain Link Fence	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	20
21	284--Chain Link Fence	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	21
22	285--Ornamental Fence	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	22
23	286--South Patio	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	23
24	287--Resurfacing Driveway	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	24
25	288--Irrigation System & Landscaping	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	25
26	289--South Patio Sod & Lighting	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	26
27	290--Pole Light	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	27
28	291--Asphalt Parking Lot & Driveway	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	28
29	292--Landscape Courtyard	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	29
30	293--Sewer Repair	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	30
31	294--Tile Drain	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	31
32	295--Asphalt Patching	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	32
33	296--Excavate & Asphalt Drive	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	33
34	TOTAL (lines 1 thru 33)		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2008 Ending: 06/30/2009**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	1
2	297--Asphalt South Drive	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	2
3	298--Install Parking Lot Light Poles	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	3
4	299--Repair Asphalt	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	4
5	511--Blacktop Ramp at Rear Entrance	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	5
6	512--Landscape Drive Entrance	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	6
7	513--Landscape around Timber Ridge	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	7
8	564--Sidewalk/entry apron	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	8
9	647--Catch Basin & Tile @ South Drive	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	9
10	648--Garage Door Opener	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	10
11	649--Canopy Lighting	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	11
12	650--MPR Remodel	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	12
13	651--North Living Room Floor	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	13
14	652--North Snack Room Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	14
15	653--Office Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	15
16	654--South Snack Room Refrigerator	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	16
17	655--South Snack Room Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	17
18	656--Speech Room Floor	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	18
19	680--Driveway Repavement	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	19
20	681--Concrete to Picnic Area	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	20
21	682--Concrete Pad for Dumpster	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	21
22	692--Concrete leveling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	22
23	693--Sprinkler heads - bathroom closet	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	23
24	695--Cabinets and Countertops	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	24
25	706--Phone system	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	25
26	707--Electronic Door repairs	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	26
27	714--Bathroom remodeling 400 wing	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	27
28	716--Bathroom remodel - 500 wing	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	28
29	721--Laundry room remodel	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	29
30	724--Door locks-South End	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	30
31	735--North sick room	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	31
32	740--Kitchen piping	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	32
33	755--Kami's office	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	33
34	TOTAL (lines 1 thru 33)		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	1
2	757--M. room sound system	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	2
3	697--Iron Fence for Rear Courtyard	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	3
4	759--New driveway at Bus Garage	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	4
5	762--North Courtyard Landscaping	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	5
6	801--Garage Doors - 4	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	6
7	804--Bus Garage Renovations	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	7
8	791--North Snack Room Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	8
9	796--Office Moves	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	9
10	809--PT Outlet	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	10
11	811--Floor and Cabinets	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	11
12	814--North Treatment Room - Plumbing	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	12
13	821--Office Move	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	13
14	826--Damper - Heat and Air Conditioning	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	14
15	831--Donated - New Concrete Sidewalk	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	15
16	832--Landscaping - Donations	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	16
17	833--2 Donated Wheelchairs and Dynavox	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	17
18	836--Contributions - Landscaping - Time and Labor	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	18
19	837--Contributions - Labor for N. Treatment Room	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	19
20	786--Courtyard Landscaping	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	20
21	790--Front Courtyard - Sidewalk	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	21
22	824--Light Poles	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	22
23	841--OT/PT Remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	23
24	842--MPR Courtyard Door	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	24
25	843--TR roof	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	25
26	844--North Med Room remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	26
27	845--Hallway remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	27
28	846--South living room redecoration	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	28
29	872--200 Wing Roof	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	29
30	873--Air Conditioner (Roof Top)	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	30
31	874--Audio Visual Equipment	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	31
32	875--Hallway remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	32
33	876--Laundry Water Heater	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	33
34	TOTAL (lines 1 thru 33)		\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward	\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	1
2	877--Lighting Project	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	2
3	879--North Med Room remodeling	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	3
4	881--Sprinkler Main Valve Replacement	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	4
5	924--Repair Asphalt in Front Drive	#VALUE!	#VALUE!	#VALUE!	#####	#VALUE!	#VALUE!	#VALUE!	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ #VALUE!	\$ #VALUE!		\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6
71	Purchased in Prior Years	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	#VALUE!	\$ #VALUE!
72	Current Year Purchases	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
73	Fully Depreciated Assets	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
74	Disposed Assets	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
75	TOTALS	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!		\$ #VALUE!

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76				\$	\$	\$	\$		\$
77									
78									
79									
80	TOTALS			\$	\$	\$	\$		\$

E. Summary of Care-Related Assets

	1 Reference	2 Amount
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ #VALUE!
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ #VALUE!
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ #VALUE!
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ #VALUE!
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ #VALUE!

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Fully depreciated vehicles	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	86
87	Capitalized repairs	#VALUE!	#VALUE!	#VALUE!	87
88	Vehicle Equipment	#VALUE!	#VALUE!	#VALUE!	88
89	Vehicles	#VALUE!	#VALUE!	#VALUE!	89
90	Disposed Assets	#VALUE!	#VALUE!	#VALUE!	90
91	TOTALS	\$ #VALUE!	\$ #VALUE!	\$ #VALUE!	91

G. Construction-in-Progress

	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

—

71
72
73
74
75

76
77
78
79
80

81
82
83
84
85

**

92
93
94
95

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending: _____

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5					_____			5
6					_____			6
7	TOTAL				\$ _____			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	N/A		\$ _____	\$ _____	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ _____	21

10. Effective dates of current rental agreement
Beginning _____
Ending _____

11. Rent to be paid in future years under the rental agreement:

	Fiscal Year Ending	Annual Rent
12.	_____ /2010	\$ _____
13.	_____ /2011	\$ _____
14.	_____ /2012	\$ _____

* If there is an option to buy the building please provide complete details on attachment schedule.

** This amount plus any amortization of expense must agree with page 4, line 7.

ment:

re current

nt

ng,
ached

f lease
34.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2008 Ending:

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	191	2,146		2,337
3	Classroom Wages (a)	1,870	15,547		17,417
4	Clinical Wages (b)	935	31,093		32,028
5	In-House Trainer Wages (c)	694	23,092		23,786
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 3,690	\$ 71,878	\$	\$ 75,568
10	SUM OF line 9, col. 1 and 2 (e)	\$ 75,568			

C. CONTRACTUAL INCOME

In the box below record the amount of income received from other facilities for training CNAs

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.



me your
facilities.

45
24
4
3
76

Facility Name & ID Number Apostolic Christian Timber Ridge

STATE OF ILLINOIS

0016220

Report Period Beginning:

07/01/2008

Ending:

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3		4		5 Supplies (Actual or) Allocated	6 Total Units (Column 2 + 4)	7 To (Col.
			Units of Service	Cost	Outside Practitioner (other than consultant)						
					Units	Cost					
1	Licensed Occupational Therapist		hrs	\$		\$		\$			\$
2	Licensed Speech and Language Development Therapist		hrs								
3	Licensed Recreational Therapist		hrs								
4	Licensed Physical Therapist		hrs								
5	Physician Care		visits								
6	Dental Care		visits								
7	Work Related Program		hrs								
8	Habilitation		hrs								
9	Pharmacy		# of prescripts								
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								
11	Academic Education		hrs								
12	Other (specify):										
13	Other (specify):										
14	TOTAL			\$		\$		\$			\$

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

8

tal Cost (3 + 5 + 6)	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14

Facility Name & ID Number Apostolic Christian Timber Ridge

XV. BALANCE SHEET - Unrestricted Operating Fund.

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 288,195	\$ 290,895	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (4,000))	1,233,077	1,895,529	3
4	Supply Inventory (priced at)	18,792	25,600	4
5	Short-Term Investments	2,296,577	2,296,577	5
6	Prepaid Insurance	(11,346)	(2,870)	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Employees</u>	31,085	33,972	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,856,380	\$ 4,539,703	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	54,397	382,033	13
14	Buildings, at Historical Cost	2,698,261	4,715,767	14
15	Leasehold Improvements, at Historical Cost	357,774	572,892	15
16	Equipment, at Historical Cost	1,839,769	2,567,807	16
17	Accumulated Depreciation (book methods)	(3,373,124)	(4,660,407)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		46,121	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(46,121)	20
21	Restricted Funds	5,649,405	5,649,405	21
22	Other Long-Term Assets (spe Cash Value of Life Ins	36,270	36,270	22
23	Other(specify): <u>Investment in other facilities</u>	5,510,991	5,510,991	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,773,743	\$ 14,774,758	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,630,123	\$ 19,314,461	25

		1 Operating	2 After Consolidation*
	C. Current Liabilities		
26	Accounts Payable	\$ 1,336,002	\$ 1,369,863
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits		
29	Short-Term Notes Payable		
30	Accrued Salaries Payable	398,109	579,307
31	Accrued Taxes Payable (excluding real estate taxes)	(8,388)	(6,786)
32	Accrued Real Estate Taxes(Sch.IX-B)		
33	Accrued Interest Payable		
34	Deferred Compensation		
35	Federal and State Income Taxes		
	Other Current Liabilities(specify):		
36			
37			
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,725,723	\$ 1,942,384
	D. Long-Term Liabilities		
39	Long-Term Notes Payable		
40	Mortgage Payable		
41	Bonds Payable		
42	Deferred Compensation		
	Other Long-Term Liabilities(specify):		
43	<u>Capital Lease</u>	17,566	17,566
44	<u>Rounding Errors</u>		1
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 17,566	\$ 17,567
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,743,289	\$ 1,959,951
47	TOTAL EQUITY(page 18, line 24)	\$ 14,886,834	\$ 17,354,510
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,630,123	\$ 19,314,461

*(See instructions.)

26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 14,788,828	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 14,788,828	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	98,004	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Rounding	2	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 98,006	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 14,886,834	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220Report Period Beginning: 07/01/2008Ending: 06/30/2009

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,447,500	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,447,500	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	73,561	10
11	CNA Training Reimbursements	58,506	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	370	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	1,497	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 133,934	23
	D. Non-Operating Revenue		
24	Contributions	1,942,869	24
25	Interest and Other Investment Income***	55,039	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,997,908	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See attached schedule</u>	386,769	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 386,769	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,966,111	30

		2	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,018,985	31
32	Health Care	4,292,398	32
33	General Administration	1,421,442	33
	B. Capital Expense		
34	Ownership	290,041	34
	C. Ancillary Expense		
35	Special Cost Centers	4,520	35
36	Provider Participation Fee	258,288	36
	D. Other Expenses (specify):		
37	<u>Rounding Errors</u>	(3)	37
38	<u>Cost to Market Loss on Investements</u>	582,436	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,868,107	40
41	Income before Income Taxes (line 30 minus line 40)**	98,004	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 98,004	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220

Report Period Beginning: 07/01/2008

Ending:

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,800	2,086	\$ 71,931	\$ 34.49	1
2	Assistant Director of Nursing	5,078	5,398	175,326	32.48	2
3	Registered Nurses	13,579	14,830	374,662	25.26	3
4	Licensed Practical Nurses	18,585	20,357	441,982	21.71	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,930	2,086	39,850	19.11	9
10	Activity Assistants	25,002	27,023	325,449	12.04	10
11	Social Service Workers	1,976	2,088	43,286	20.73	11
12	Dietician					12
13	Food Service Supervisor	1,610	1,787	40,743	22.80	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,864	21,041	245,753	11.68	15
16	Dishwashers					16
17	Maintenance Workers	4,335	5,147	92,225	17.92	17
18	Housekeepers	9,571	10,170	100,972	9.93	18
19	Laundry	12,229	13,482	156,617	11.62	19
20	Administrator	1,641	1,890	87,223	46.15	20
21	Assistant Administrator	1,103	1,297	48,427	37.34	21
22	Other Administrative	1,049	1,333	26,894	20.18	22
23	Office Manager	1,744	2,000	47,896	23.95	23
24	Clerical	1,550	2,229	26,950	12.09	24
25	Vocational Instruction	2,280	2,581	65,398	25.34	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,496	10,620	183,812	17.31	28
29	Resident Services Coordinator	1,831	2,088	53,710	25.72	29
30	Habilitation Aides (DD Homes)	114,207	123,154	1,533,283	12.45	30
31	Medical Records	2,009	2,174	30,979	14.25	31
32	Other Health Care/OT/PT & Speech T	14,805	16,509	270,180	16.37	32
33	Other(specify) <u>Day Program</u>	6,086	6,825	88,441	12.96	33
34	TOTAL (lines 1 - 33)	272,361	298,195	\$ 4,571,989 *	\$ 15.33	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period
35	Dietary Consultant	148	\$ 6,887
36	Medical Director	Flat Fee	1,373
37	Medical Records Consultant		
38	Nurse Consultant		
39	Pharmacist Consultant	Flat Fee	1,332
40	Physical Therapy Consultant	30	1,785
41	Occupational Therapy Consultant	51	3,053
42	Respiratory Therapy Consultant		
43	Speech Therapy Consultant	188	13,592
44	Activity Consultant		
45	Social Service Consultant		
46	Other(specify) <u>Psychologist</u>	42	3,330
47			
48			
49	TOTAL (lines 35 - 48)	457	\$ 31,351

C. CONTRACT NURSES

		1	2
		Number of Hrs. Paid & Accrued	Total Contract Wages
50	Registered Nurses	854	\$ 29,180
51	Licensed Practical Nurses	2,388	77,903
52	Certified Nurse Assistants/Aides	10,421	205,712
53	TOTAL (lines 50 - 52)	13,663	\$ 312,795

3

Schedule V Line & Column Reference	
1-3	35
9-3	36
	37
	38
10-3	39
10-3	40
10a-3	41
	42
10a-3	43
	44
	45
12-3	46
	47
	48
	49

3

Schedule V Line & Column Reference	
10-3	50
10-3	51
10a-3	52
	53

Facility Name & ID Number Apostolic Christian Timber Ridge

Report Period Beginning: 07/01/2008

Ending:

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Ron Messner	Administrator	0	\$ 87,223	Workers' Compensation Insurance	\$ 135,653	IDPH License Fee		\$	
Matthew Steffen	Assistant Administrator	0	48,427	Unemployment Compensation Insurance	4,645	Advertising: Employee Recruitment			
				FICA Taxes	318,289	Health Care Worker Background Check			
				Employee Health Insurance	397,173	(Indicate # of checks performed <u>133.8</u>)			
				Employee Meals	20,080	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Participation Fees & Certificates			
				Employee Physicals	7,980	Dues (Employers Assn, IHCA)			
				Employee Promotional	19,316	Subscriptions (journals, news, etc.)			
				Defined Contribution Pension Plan	9,872	Driving Records Verification			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 135,650	Benefits Allocated to Day Program	(16,904)	Secretary of State			
B. Administrative - Other				Employee Shirts	192	Less: Public Relations Expense	(
Description			Amount	Benefits for Transferred wages	(43,780)	Non-allowable advertising	(
			\$	Employee Scholarships	6,940	Yellow page advertising	(
				TOTAL (agree to Schedule V, line 22, col.8)			\$ 859,456		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees					
C. Professional Services				G. Schedule of Travel and Seminar**					
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description		
Koch Consulting	Accounting		\$ 16,627			\$	Out-of-State Travel	\$	
Quantum Solutions Corp	Software Consultant		19,415				Board of Directors travel		
Sikich	Software Consultant		8,609				Administrative travel		
Kronos	Software Consultant		12,924				In-State Travel		
BrookRose, Inc.	Software Consultant		60,237				Board of Directors travel		
Duane Morris Associates	Legal Services		306				Administrative travel		
							Seminar Expense		
							Less out of state travel		
							Entertainment Expense	(
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 118,118	TOTAL			\$	TOTAL (agree to Sch. V, line 24, col. 8)	

* Attach copy of IMRF notifications

**See instructions.

06/30/2009

Amount
5,106
1,606
118
9,062
574
1,248
10
)
)
)
17,724

Amount
3,386
490
1,122
1,844
(3,876)
)
2,966

Facility Name & ID Number Apostolic Christian Timber Ridge

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Health Care Association - \$5,139
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 12 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 70,322 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 258,288
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 16,693 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No, they have been adjusted out
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 90%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Koch Consulting
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

Apostolic Christian Timber Ridge
FYE 06/30/2009 #0016220
Sub schedules

Schedule V - Costs Center Expenses

Lines	Description	Amount
43	Facility Bulletin / Newsletter	4,520
36	Investment Management Fees	46,496
36	Interest Expense	12,927
27	Dental costs	14,475
27	Charitable Contributions	850
27	Fines & Penalties	-
27	Miscellaneous	4,181
	Other Expenses	<u>83,449</u>

Schedule V - Reclassifications Amount

Lines	Description	Increase	Decrease
6	Communication equipment rental	1,170	
35	Communication equipment rental		1,170
11	Donated labor	#VALUE!	
1	Donated labor	#VALUE!	
4	Donated labor	#VALUE!	
6	Donated labor	#VALUE!	
21	Donated labor	#VALUE!	
10	Donated labor	#VALUE!	
10a	Donated labor	#VALUE!	
12	Donated labor	#VALUE!	
27	Donated labor		#VALUE!
38	Medically necessary transportation	-	
14	Medically necessary transportation		-
10a	Disability Pay to Benefits		2,482
22	Disability Pay to Benefits	2,482	
13	Nurse aid trainer wages	#VALUE!	
1	Nurse aid trainer wages		#VALUE!
6	Nurse aid trainer wages		#VALUE!
10	Nurse aid trainer wages		#VALUE!
10a	Nurse aid trainer wages		#VALUE!
11	Nurse aid trainer wages		#VALUE!
12	Nurse aid trainer wages		#VALUE!
15	Nurse aid trainer wages		#VALUE!
17	Nurse aid trainer wages		#VALUE!
39	Dental costs	14,475	
27	Dental costs		14,475
		#VALUE!	#VALUE!

Schedule V, Line 39 - Ancillary Service Centers

Dental costs for 136 visits	<u>\$ 14,475</u>
-----------------------------	------------------

Schedule VI B - Non-paid workers

Lines	Description	Amount
31	Donated Labor	#VALUE!
Department	Time in Hours	Time in Dollars
Activities	#VALUE!	#VALUE!
Kitchen	#VALUE!	#VALUE!
Laundry	#VALUE!	#VALUE!
Maintenance	#VALUE!	#VALUE!
Nursing	#VALUE!	#VALUE!
PT/OT	#VALUE!	#VALUE!
Social Service Programs	#VALUE!	#VALUE!
Office	#VALUE!	#VALUE!
Totals	#VALUE!	#VALUE!

Schedule VII - Compensation Received From Other Nursing Homes

Virgil Metzger - \$121 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Roger Aberle - \$594 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Stan Virkler - \$204 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Dennis Mott - \$62 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Keith Pflum - \$254 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Warren Zahner - \$268 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	

Sch. XV - Balance Sheet, Line 22; Other Long-Term Assets

Investment in Related Entities	<u>5,510,991</u>
--------------------------------	------------------

Sch. XVII - Income Statement, Line 28; Other Revenue

Developmental training	385,348
Farm Income	950
Gain on Sale of Assets	348
Increase in Cash Value of Life Insurance	-
Miscellaneous	123
Cost to Market Adjustment on Investments	<u>(582,436)</u>
	<u>(195,667)</u>

Sch. XVII - Income Statement, Line 41 - Income Before Taxes

Income before taxes per cost report	98,004
Income from related parties	<u>(754,416)</u>
Estimated excess for year, Form 990, p.1, line 18	<u>(656,412)</u>

Sch. XVIII - A. Staffing and Salary Costs

Sch. V. Cost Center Expenses, Column 1, Row 45	4,571,988
Sch. XVIII - A. Staffing and Salary Costs, Column 3, Row 34	<u>(4,571,989)</u>
Variance	<u>(1)</u>

Schedule XIX, D - Employee Benefits and Payroll Taxes - FICA calculation

Salaries, Sch V, Line 45, Col 1	4,571,988
Prior Year PTO Accrual at 06/30/08	164,978
Current Year PTO Accrual at 06/30/09	(166,385)
Prior Year Wage Accrual at 06/30/08	201,598
Current Year Wage Accrual at 06/30/09	(215,257)
Section 125 Wages not applicable to FICA taxes	(241,031)
Less: Wages over FICA taxation limit of \$94.2k SS Wages (\$0 x 6.2%/7.65%)	-
Add: Wages Allocated to other facilities	(171,942)
Add: ACSS Wages	
Add: wages included in employee meal calculation	<u>16,693</u>
Cash basis salaries	4,160,642
FICA rate	7.650%
Calculated FICA	318,289
FICA per Sch XIX	318,289
Variance	<u>0</u>

Sch. XX - General Information

12. Nurse Aide Trainer Wages:	
Administrator	#VALUE!
Therapy / PT / OT	#VALUE!
Activities Director	#VALUE!
Day Program	#VALUE!
Head Cook	#VALUE!
Maintenance	#VALUE!
Nursing	#VALUE!
Soc. Serv. / QMRP	#VALUE!
	<u>#VALUE!</u>

14. A portion of office space is allocated to related entities based on number of beds.

16. Out of State Travel

Administration

Administrator	490
	<u>490</u>

Board of Directors

Virgil Metzger (Not out of State)	
Stan Virkler	613
Roger Aberle	1,784
Keith Pflum (Not out of State)	
Dennis Mott	187
Warren Zahner	802
	<u>3,386</u>

Nursing

None	-
	<u>-</u>

Apostolic Christian Timber Ridge, #0016220

ATTACHMENT TO SCHEDULE VII A

Related Organizations:

Apostolic Christian Timber Ridge, Morton, IL #0016220
Linden Estate, Morton, IL #0039305

Board of Directors for Apostolic Christian Timber Ridge, Oakwood Estate, and Linden Estate:

Daniel Schumacher, Chairman (term ended 03/21/2009)
Stan Virkler, Vice Chairman
Keith Pflum, Secretary/ Treasurer
Virgil Metzger, Director (term began 03/21/2009)
Warren Zahner, Director
Ron Hodel, Director
Cleve Klopfenstein, Director
Roger Aberle, Director
Roger Beutel, Director
Dennis Mott, Director

Note: The Board members are identical for all three organizations.

No members of the Board of Directors provided direct services to any of the nursing homes. No Board members have ownership in an entity that conducted business transactions with any of these nursing homes.

APOSTOLIC CHRISTIAN TIMBER RIDGE, #0016220

	Pioneer Park	PARC	TCRC	Van-Pioneer Park	Cost per Trip	Cost per Day		Total Cost per Year	Less Depreciation	Reallocation Amounts	Sch. V Col. 7 Line #	Schedule for Reallocation
Trips per Day	2	1	2	0								
Miles per trip	40	40	5	40								
Gas/Depreciation Price per Mile	\$1.25	\$1.35	\$1.25	\$0.75								
Hours per trip	1 1/4	1 1/4	3/4	1 1/4								
Attendant Wages	\$8.50	\$8.50	\$8.50									
Driver Wages	\$12.75	\$12.75	\$12.75	\$10.50								
Gas & Depreciation	\$ 50.00	\$ 54.00	\$ 6.25	\$ 30.00	\$ 110.25	\$ 166.50	56.63%	41,655.30	(38,023.00)	3,632.00	14	Sch. VI Ln. 29
Depreciation						\$ -			38,023.00	38,023.00	Sch XI (F)	Sch. VI Ln. 29
Driver Wages	\$ 15.94	\$ 31.88	\$ 9.56	\$ 13.13	\$ 57.38	\$ 82.88	28.19%	20,735.08		20,735.00	6	Sch. VI Ln. 1
Attendant Wages	\$ 10.63	\$ 10.63	\$ 6.38	\$ -	\$ 27.64	\$ 44.65	15.19%	11,170.62		11,171.00	10	Sch. VI Ln. 29
Total	\$ 76.57	\$ 96.51	\$ 22.19	\$ 43.13	\$ 195.27	\$ 294.03		73,561.00		73,561.00		

